

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <i>6293</i>	2. Fiscal Year Covered From: <i>10/11/04</i> Through: <i>12/31/04</i>
3. Name and address of person filing.	
Name: <i>MARK E. THOMAS</i>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name: <i>IRONWORKERS LOCAL #3</i>
Street: <i>2201 LIBERTY AVE.</i>	Labor Organization File Number: <i>013-253</i>
City: <i>PITTSBURGH</i>	P.O. Box, Building and Room Number, if any:
State: <i>PA</i>	Street: <i>2201 LIBERTY AVE.</i>
ZIP Code + 4: <i>15222</i>	City: <i>PITTSBURGH</i>
State: <i>PA</i>	ZIP Code + 4: <i>15222</i>
5. Position in labor organization: <i>EXECUTIVE BOARD / TRUSTEE</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name: <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street: <input type="text"/>	<input type="text"/>
City: <input type="text"/>	<input type="text"/>
State: <input type="text"/> ZIP Code + 4: <input type="text"/>	<input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mark E. Thomas

On *8/11/05*

Date

(412) 227-6767

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State [] ZIP Code + 4 []

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State [] ZIP Code + 4 []

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IRONWORKERS JOINT APPRENTICESHIP COMM.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 LIBERTY AVE

City PITTSBURGH PA

State PA ZIP Code + 4 15222

14.a. Nature of payment

EXPENSES FOR APPRENTICE CONFERENCE

- Airfare, Hotel, Daily Expenses
9/10/04 thru 9/15/04

14.b. Amount of payment.

\$2,087.85

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 	2. Fiscal Year Covered From: 1/1/04 Through (2) / (3) / (09)
3. Name and address of person filing. Name: MARK E. THOMAS	4. Name, file number, and address of labor organization. Name: IRONWORKERS LOCAL #3 Labor Organization File Number: 013-253
P.O. Box, Bldg., Room No., if any: Street: 2201 LIBERTY AVE	P.O. Box, Building and Room Number, if any: Street: 2201 LIBERTY AVE
City: PITTSBURGH	City: PITTSBURGH
State: PA ZIP Code + 4: 15222	State: PA ZIP Code + 4: 15222
5. Position in labor organization: Executive Board / TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income. _____
	7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mark E. Thomas

On **8/4/05**

Date

(412) 227-6767

Telephone Number

Name of Person Filing

MARK E THOMAS

File Number 0:

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any):

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name:

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):

Name IRONWORKER LOCAL 398 TRUST FUNDS

Trade Name, if any

P.O. Box, Bldg., Room No., if any RM 203

Street 2201 LIBERTY AVE

City PITTSBURGH

State PA

ZIP Code + 4 15222

14.a. Nature of payment.

Expenses For International
Foundation Employee Benefits
Compensation Conference

11/30/04 - 12/4/04
Mileage, Airfare, registration fee,
Daily expenses

14.b. Amount of payment.

\$3704.03

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For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U-	2. Fiscal Year Covered From: <u>11/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name: <u>MARK E. THOMAS</u> P.O. Box, Bldg., Room No., if any: Street: <u>2201 LIBERTY AVE</u> City: <u>PITTSBURGH</u> State: <u>PA</u> ZIP Code + 4: <u>15222</u>	4. Name, file number, and address of labor organization. Name: <u>IRONWORKER LOCAL #3</u> Labor Organization File Number: <u>013-253</u> P.O. Box, Building and Room Number, if any: Street: <u>2201 LIBERTY AVE</u> City: <u>PITTSBURGH</u> State: <u>PA</u> ZIP Code + 4: <u>15222</u>
5. Position in labor organization: <u>Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7. a. Nature of Interest, Transaction, or Income. _____
7. b. Amount. _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mark E. Thomas

On

8/1/05

Date

(412) 227-6767

Telephone Number

Name of Person Filing

MARK E. THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WACHOVIA RETIREMENT SERVICES**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **401 S. TRYON ST.**City **Charlotte**State **NC**ZIP Code + 4 **28288**

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IRONWORKER OF WPA BENEFIT PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **RM 203**Street **2201 LIBERTY AVE**City **PITTSBURGH**State **PA**ZIP Code + 4 **15222**

11.a. Nature of such dealing.

DINNER 11/30/04**DINNER 12/2/04****\$172.04**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.